

OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: August 17, 2016
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a new restaurant mixed drink permit:

Juan R. Zarate
Taqueria Jalisco'z
4716 Camp Robinson Road
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 2:50 P.M.
BY Glinda Craigmyle - Mayor's office
DATE 8-17-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by He Thomas

NEWASSG0101

ASSIGNMENT

D6J003-D6L013



Date Received: 08/12/2016

Date Assigned: 08/12/2016

Applicant: JUAN R. ZARATE

D.O.B: 08/20/1984

Green Card Number (Permanent Resident Alien):

Home Address: 5500 Blueberry Drive, Little Rock, AR, 72206

Home Phone:

Business Phone :

Cell Phone: 501-920-4021

Trade Name: TAQUERIA JALISCO'Z

Former Trade Name:

Business Address : 4716 Camp Robinson Road, North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Mixed Drink - NEW

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joes Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

AR-2016-01-01

APPLICANT'S NAME: JUAN R. ZARATE

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: TAQUERIA JALISCO'Z

BUSINESS ADDRESS: 4716 Camp Robinson Road, North Little Rock, AR, 72118

DATE OF APPLICATION: 08/12/2016

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION



APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel
(☒) Restaurant Only

New Application
Replacement
Permit No. 04091

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

Taqueria Jalisco's
(Juan Rene Zarate) FEIN# _____
Corporate/Partnership/LLC Name
NAME Juan Rene Zarate
First Middle Last
HOME ADDRESS 5500 blueberry dr Little 72206 pulaski
Street City Zip County
BUSINESS NAME Taqueria Jalisco's FORMER NAME _____
BUSINESS ADDRESS 4716 camp Robinson rd North Little Rock AR 72118 pulaski
Street City Zip County

Is proposed location inside or outside city limits? inside

Are the beverages to be sold in connection with any other business? no If so, state type of business _____

Are you the owner of the proposed premises? yes If leased, give name and address of owner _____ Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same _____

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? _____

If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 94
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast _____ Lunch ☒ Dinner ☒ Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? _____ If so, give name and date
revoked no



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

DSJ003-D&L014

NAME OF OUTLET _____

CITY _____ COUNTY _____

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.